FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20545

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

JUN 0 2 2003

[D] [E]

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden

Hours per form 16.00

S	EC USE	ONLY	
Prefix]	Serial	
DA	ATE REC	EIVED	

Name of Offering ([] check if this is an ame	.	nte change.)	
Puralube, Inc. Series A Retractable Conve	rtible Preferred Stock Offering		
Filing Under (Check box(es) that apply): []	Rule 504 [] Rule 505 [X] Rule 506 []	Section 4(6) [] ULOE	
Type of Filing: [] New Filing [X] Amendm	ent		
	A. BASIC IDENT	IFICATION DATA	
1. Enter the information requested about the	issuer		
Name of Issuer ([] check if this is an amenda	ment and name has changed, and indicate	change.)	
Puralube, Inc.			
Address of Executive Offices (Number	luding Area Code)		
435 Devon Park Drive, Building 400, Wayı	ne PA 19087	(610) 293-5800	
Address of Principal Business Operations (Nu	imber and Street, City, State, Zip Code)	Telephone Number (Inc	luding Area Code)
Operations (if different from Executive Office	es)		
Brief Description of Business		J	
Commercializing a technology to re-refine	used oil.		
Type of Business Organization			ABB
[X] corporation	[] limited partnership, alro	eady formed	[] other (please specify)
[] business trust	[] limited partnership, to l	be formed	bkocros-
	Month Year		[] other (please specify) PROCESSED JUN 04 2003
Actual or Estimated Date of Incorporation or		[X]Actual []Estimated	
Jurisdiction of Incorporation or Organization:	•		THOMSON
	abbreviation for State: CN for	or Canada;	FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

FN for other foreign jurisdiction)

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in colors of an available state exemption unless such exemption is predicated on the filing of a federal notice

A. BASIC IDENTIFICATION DATA

- , 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, Schimmelbusch, Heinz	if individual):				
Business or Residence Add 435 Devon Park Drive, Bu					
Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, Kremer, Juergen	if individual)				
Business or Residence Add 435 Devon Park Drive, Bu	,				
Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, Youtsey, Karl. J.	if individual):				
Business or Residence Add 435 Devon Park Drive, Bu	·				
Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, Hauptfuhrer, Robert P.	if individual):				
Business or Residence Add 435 Devon Park Drive, Bu	,				
Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, Schneider, Jack	if individual):				
Business or Residence Add 435 Devon Park Drive, Bu	•				
Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, Fox, John	if individual):				
Business or Residence Add c/o Perseus 2000, L.L.C.,	•	et, City, State, Zip Code): sylvania Avenue, N.W., Washingt	on, DC 20006		
Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, Holly, Michael	if individual):				
Business or Residence Addr c/o Safeguard Internation	-	et, City, State, Zip Code): Park Drive, Building 400, Wayne,	PA 19087		
Check Box(es) that Apply		[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, White, Robert Todd	if individual):				
Business or Residence Add. 435 Devon Park Drive, Bu	*	• • • • •			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, Busovsky, Louis	if individual):				
Business or Residence Adda 435 Devon Park Drive, Bu	•				
Check Box(es) that Apply	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, Allied Resource Corporat	•				
Business or Residence Adda 435 Devon Park Drive, Bu	,				
Check Box(es) that Apply	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, Puralube Holdings, Inc.	if individual):				
Business or Residence Addit 435 Devon Park Drive, Bu					
Check Box(es) that Apply	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, Pura Holdings LLC (Safe)	•	rund)			
Business or Residence Adda 435 Devon Park Drive, Bu	•				
Check Box(es) that Apply	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, Perseus 2000, L.L.C.	if individual):				
Business or Residence Addi Suite 900, 2099 Pennsylva					
Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Addi	ess (Number and Stree	et, City, State, Zip Code):			
Check Box(es) that Apply	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Adda	ess (Number and Stree	et, City, State, Zip Code):			
Check Box(es) that Apply	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Adde	ess (Number and Stree	et, City, State, Zip Code):			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.									Yes	No [X]		
			Answ	er also in App	endix, Colum	n 2, if filing u	nder ULOE.					
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?											
3	Does the of	ffering permit i	ioint ownershi	p of a single u	ınit?				[X]	[]		
4	Enter the ir purchasers and/or with	nformation req in connection a a state or stat	uested for each with sales of tes, list the name	h person who securities in the	has been or w he offering. I ker or dealer.	rill be paid or f	given, directly be listed is an	or indirectly, a associated pers	iny commis	sion or similar of a broker or	dealer registe	red with the SEC
Full Na	me (Last name	first, if individ	dual)									
Busines	s or Residence	Address (Nun	nber and Stree	t, City, State,	Zip Code)							
Burnha States in	m Internation Which Person	nal (registered	i broker-deal									
				(Check "A	All States" or	check individi	ual States)	[] All State				
[[AL] [IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
		first, if individ	dual)						<u> </u>	l		
Busines	s or Residence	Address (Nun	nber and Stree	t, City, State,	Zip Code)				<u></u>		<u> </u>	
Name o	f Associated B	roker or Deale	r	Case								
States in	Which Person	n Listed Has S	olicited or Inte	ends to Solicit	Purchasers							
	8			(Chaok "	All States" on	ahaak individ	val States)	[] All States				
[AL] [IL] [MT] [RI]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [X] [MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
Full Na	ne (Last name	first, if individ	dual)								_	 _
Busines	s or Residence	Address (Nun	nber and Stree	t, City, State,	Zip Code)							
Name o	f Associated B	roker or Deale	r									
States in	Which Person	n Listed Has S	olicited or Inte	ends to Solicit	Purchasers				·			
				(Chock "	All States" or	check individ	ual States)	[] All State				
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [LA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u>-0-</u>	\$
	Equity	\$ 32,430,000*	\$ 24,915,000
	[X] Common [X] Preferred Series A Retractable Convertible Preferred Stock Common Stock issuable upon conversion of Series A Retractable Preferred Stock (no additional consideration received upon conversion) Common Stock issuable upon exercise of Warrants at an exprice of \$0.01 per share of Common Stock *Aggregate offering price does not include consideration to	ı ercise	
	received upon exercise of Warrants		
	Convertible Securities (including warrants)	\$ <u>see above</u>	\$ see above
	Partnership Interests	\$ <u>-0-</u>	\$
	Other (Specify)	\$ <u>-0-</u>	\$
	Total	•	\$ 24,915,000
	Answer also in Appendix, Column 3, if filing under ULOE.	<i>321730</i> ,000	<u> </u>
	A caredited Investors	Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ <u>24,915,000</u> \$ <u>-0-</u>
	Total (for filings under Rule 504 only)	<u>N/A</u>	\$N/A
	Total (for filings under Rule 504 only)	<u>N/A</u>	\$ <u>N/A</u>
	•	uested for all securities sold by the issue	,
	Answer also in Appendix, Column 4, if filing under ULOE. s filing is for an offering under Rule 504 or 505, enter the information requ	uested for all securities sold by the issue	er, to date, in offerings of the types indicated, in the twelve
	Answer also in Appendix, Column 4, if filing under ULOE. s filing is for an offering under Rule 504 or 505, enter the information requestion months prior to the first sale of securities in this offering. Classify securit Type of offering Rule 505	uested for all securities sold by the issumes by type listed in Part C-Question 1. Type of Security N/A	er, to date, in offerings of the types indicated, in the twelve Dollar Amount Sold N/A
	Answer also in Appendix, Column 4, if filing under ULOE. s filing is for an offering under Rule 504 or 505, enter the information requestion months prior to the first sale of securities in this offering. Classify securit Type of offering	uested for all securities sold by the issurites by type listed in Part C-Question 1. Type of Security N/A N/A	er, to date, in offerings of the types indicated, in the twelve Dollar Amount Sold
	Answer also in Appendix, Column 4, if filing under ULOE. s filing is for an offering under Rule 504 or 505, enter the information requested months prior to the first sale of securities in this offering. Classify securit Type of offering Rule 505 Regulation A	uested for all securities sold by the issumes by type listed in Part C-Question 1. Type of Security N/A N/A N/A	er, to date, in offerings of the types indicated, in the twelve Dollar Amount Sold SN/A SN/A
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(12)	Answer also in Appendix, Column 4, if filing under ULOE. s filing is for an offering under Rule 504 or 505, enter the information requested months prior to the first sale of securities in this offering. Classify securit Type of offering Rule 505 Regulation A	uested for all securities sold by the issue ies by type listed in Part C-Question 1. Type of Security N/A N/A N/A N/A N/A ation of the securities in this offering. If the amount of an expenditure is not kn	Dollar Amount Sold SN/A Exclude amounts relating solely to organization expenses of own, furnish an estimate and check the box to the left of the s
. Furn	Answer also in Appendix, Column 4, if filing under ULOE. s filing is for an offering under Rule 504 or 505, enter the information requestion to the first sale of securities in this offering. Classify securit Type of offering Rule 505 Regulation A	Lested for all securities sold by the issue its by type listed in Part C-Question 1. Type of Security N/A N/A N/A N/A N/A N/A Ation of the securities in this offering. If the amount of an expenditure is not kn [X] [X]	Dollar Amount Sold \$N/A \$N/A \$N/A \$N/A \$N/A \$N/A \$N/A Exclude amounts relating solely to organization expenses o own, furnish an estimate and check the box to the left of the
(12) . Furn the is	Answer also in Appendix, Column 4, if filing under ULOE. s filing is for an offering under Rule 504 or 505, enter the information requested months prior to the first sale of securities in this offering. Classify securit Type of offering Rule 505 Regulation A Rule 504 Total Total ish a statement of all expenses in connection with the issuance and distribusuer. The information may be given as subject to future contingencies. If late. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fee	Lested for all securities sold by the issue les by type listed in Part C-Question 1. Type of Security N/A N/A N/A N/A N/A Ation of the securities in this offering. If the amount of an expenditure is not kn [X] [X] [X] [X]	Dollar Amount Sold SN/A SN/A SN/A SN/A SN/A SN/A SN/A Exclude amounts relating solely to organization expenses of the sown, furnish an estimate and check the box to the left of the s
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(12) I. Furn the is	Answer also in Appendix, Column 4, if filing under ULOE. s filing is for an offering under Rule 504 or 505, enter the information requestion to the first sale of securities in this offering. Classify securit Type of offering Rule 505 Regulation A Rule 504 Total Total ish a statement of all expenses in connection with the issuance and distributes a statement of all expenses in connection with the issuance and distributes a statement of all expenses in connection with the issuance and distributes are information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as subject to future contingencies. If the information may be given as s	Lested for all securities sold by the issue les by type listed in Part C-Question 1. Type of Security N/A N/A N/A N/A N/A ation of the securities in this offering. It the amount of an expenditure is not kn [X] [X] [X] [X] [X] [X]	Dollar Amount Sold SN/A SN/A SN/A SN/A SN/A Exclude amounts relating solely to organization expenses o own, furnish an estimate and check the box to the left of the s
(12) a. Furn the is	Answer also in Appendix, Column 4, if filing under ULOE. s filing is for an offering under Rule 504 or 505, enter the information requestion to the first sale of securities in this offering. Classify securit Type of offering Rule 505 Regulation A Rule 504 Total Total ish a statement of all expenses in connection with the issuance and distributed in the information may be given as subject to future contingencies. If late. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fee Engineering Fees Sales Commissions (specify finders' fees separately) Burnham International - \$85,000	Lested for all securities sold by the issue les by type listed in Part C-Question 1. Type of Security N/A N/A N/A N/A N/A ation of the securities in this offering. It the amount of an expenditure is not kn [X] [X] [X] [X] [X] [X]	Dollar Amount Sold S. N/A S. N/A S. N/A S. N/A S. N/A Exclude amounts relating solely to organization expenses o own, furnish an estimate and check the box to the left of the series

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the Issuer."

\$ 31,630,140

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

Payments to Officers, Directors, & Affiliates		Payments to Others
\$ <u>1,921,500</u>	[X]	\$1,080,800
\$	[X]	\$ <u>-0-</u>
\$ - 0-	[X]	\$ <u>-0-</u>
\$ <u>-0-</u>	[X]	\$ <u>-0-</u>
\$ <u>6,716,500</u>	[X]	\$ <u>12,988,000</u>
\$3,700,000	{X}	\$800,000
\$ <u>-0-</u>	[X]	\$3,673,340
\$ 750,000	[X]	\$ <u>-0-</u>
\$ 13,088,000	[X]	\$ <u>18,542,140</u>
\$ 31,630,140	[2*]	<u>VELIMETOPLE</u>
	Directors, & Affiliates \$	Directors, & Affiliates \$

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Puralube, Inc.	Signature MATTS What I WANTED WAR TO SHE WAS A STATE OF THE STATE OF T	Date May 15, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Robert Todd White	Vice President and Secretary	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)

		E STATE SIGNATURE			
*[.	Is any party described in 17 CFR 230.262 presently su the disqualification provisions of such rule?	· ·	Yes	No [] I	Ñ/A
*2.	The undersigned issuer hereby undertakes to furnish times as required by state law.	o any state administrator of any state in which this notic	e is filed,	a notice	on Form D (17 CFR 239.500) at such
*3.	The undersigned issuer hereby undertakes to furnish to	o the state administrators, upon written request, informa	ition furnis	shed by t	he issuer to offerees.
*4.	•	miliar with the conditions that must be satisfied to be ends that the issuer claiming the availability of this exemp			- , ,
	The issuer has read this notification and knows the coperson.	ntents to be true and has duly caused this notice to be si	gned on it	s behalf	by the undersigned duly authorized
*1	The issuer does not deem itself bound by any condition	or requirement that conflicts with the Federal Natio	onal Secur	ities Ma	arkets Improvement Act of 1996.
	r (Print or Type) ube, Inc.	Signature A A A A A A A	R		Date May 15, 2003
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)	·		
Rober	rt Todd White	Vice President and Secretary			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	~,		,	APPE	אועויו			5.	
1.	2. Intend to s accredited in State (P Item 1)	investors	3. Type of security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and Amount purchased in State (Part C - Item 2				
State	Yes	No	Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	N/A Yes	N/A No
AL		·	\$		\$	-	\$	ļ <u>.</u>	
AK			\$		\$		\$		
AZ AR			\$		\$		\$	-	
CA			\$	_	\$		\$		-
CO	+		\$		\$		\$		 -
CT			\$		s		\$		
DE			\$		\$		\$		
DC		X	\$ 32,430,000	1	\$ 8,351,000		\$		
FL			\$		\$	-	\$		
GA			\$		\$		\$		ļ
GU			\$		\$		\$	-	
HI ID	 		\ <u>\$</u>		\$	-	\$	 	ļ
IL	+		\$	 	\$ \$		\$		
IN			\$	 	\$		\$		
IA IA	 		S		\$		\$	 	
KS	†****************		\$	 	\$		s		
KY			\$		\$		s	1	
LA			\$		\$		\$		
ME			\$		\$		\$		
MD			\$		\$	ļ	\$		
MA			\$		\$		\$		ļ
MI			\$	_	\$		\$		
MN MS	+		\$ \$		\$		\$	<u> </u>	
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NV			\$		\$		\$		
NH			\$		\$		\$		
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NM			\$		\$		\$		
NY				-	\$		\$	ļ	
NC ND	 		\$		\$	-	\$		
ОН	+		\$	 	\$		\$		
OK	 		\$		\$	-	\$	 	
OR			\$		\$		\$		
PA		X	\$ 32,430,000	5	\$ 15,459,000		s		
PR			\$		\$		\$		
Rì			\$		\$		\$		
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